

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/018394</b>	FILING DATE <b>10 JAN 2002</b>		
						APPLICANT(S) <i>Ura</i>			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2	/						52		
3	/						53		
4	/						54		
5	/						55		
6	/						56		
7	/						57		
8	/						58		
9	/						59		
10	/						60		
11	/						61		
12	/						62		
13	/						63		
14	/						64		
15							65		
16							66		
17							67		
18							68		
19							69		
20							70		
21							71		
22							72		
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25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
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35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2						TOTAL IND.		
TOTAL DEP.	12	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓
TOTAL CLAIMS	14	↓	↓	↓	↓	↓	TOTAL CLAIMS	↓	↓